



JFW

Patent

Attorney Docket No. 1030681-000544

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                                   |   |                            |
|-----------------------------------|---|----------------------------|
| In re Patent Application of       | ) | <b>MAIL STOP Amendment</b> |
| Tae-kyun Kim                      | ) |                            |
| Application No.: 10/621,356       | ) | Group Art Unit: 2624       |
| Filing Date: July 18, 2003        | ) | Examiner: JOHN B STREGE    |
| Title: METHOD AND SYSTEM FOR FACE | ) | Confirmation No.: 2575     |
| DETECTION USING PATTERN           | ) |                            |
| CLASSIFIER                        | ) |                            |

## AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is enclosed.
- ☐ \_\_\_\_\_ Terminal Disclaimer(s) and the ☐ \$ 65 ☐ \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.
- ☐ Also enclosed is/are: \_\_\_\_\_
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$ 405 ☐ \$ 810 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted \_\_\_\_\_ on \_\_\_\_\_ for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least \_\_\_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

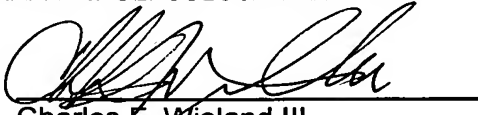
| AMENDED CLAIMS   |               |   |              |                 |                |
|--|---------------|---|--------------|-----------------|----------------|
|  | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate            | Additional Fee |
| Total Claims   | 18            | 20  | 0            | x \$ 50 (1202)  | \$ 0           |
| Independent Claims   | 2             | 3   | 0            | x \$ 210 (1201) | 0              |
| <input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 370 (1203)          |               |   |              |                 | \$ 0           |
| Total Claim Amendment Fee  |               |   |              |                 | \$ 0           |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee |               |   |              |                 | 0              |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT  |               |   |              |                 | \$ 0           |

- ☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date May 13, 2008

By:   
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Registration No. 33096

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Alexandria, VA 22313-1404  
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| DETECTION USING PATTERN         | ) |                            |
| CLASSIFIER                      | ) |                            |

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 15, 2008, please amend the  
above-identified patent application as follows: